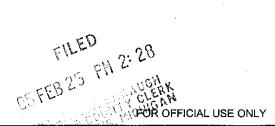


CANDIDATE COMMITTEE COVER PAGE



Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From Mo Day Year to 12 31 04 Mo Day Year					
1. Committee I.D. Number 1つ7 238	4. Candidate Last Name ソルンちのん First Name ルなたん M.I.					
2. Committee Name COM, FOR	4a. Office Sought Including District # or Community Served (If applicable) Coいれて Community Served (If applicable) 4b. County of Residence MとCOMB					
5. Committee's Mailing Address Co. Box 152 Area Code and Phone 317 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	6. Treasurer's Name & Residential Address 7532 MELTON Delmetria Haugnes DETROIT M148237 Area Code & Phone (313)404-5482					
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)					
Accordance Change ()	KIM VINSON Fanelon Area Code and Phone () 50t 34 313 891 5124					
Area Code and Phone ()	Allea code and Filene					
9. TYPE OF STATEMENT	9c. Annual Statement (Coverage Year)					
9a. 🗌 Pre-Election OR 9b. 🗌 Pos	st-Election 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)					
Pre-Election or Post-Election Statement relates to:	9e. ☐ Dissolution of Candidate Committee					
☐ Primary ☐ Gen	neral					
☐ Convention ☐ Sch	nool Effective Date of Dissolution					
☐ Special ☐ Cau	ucus — — — — — — — — — — — — — — — — — — —					
Date of Election, Convention or Caucus	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for					
Month Day Year	the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.					
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filling deadline of a required campaign statement, that campaign statement cannot be waived.						
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.						
Current Treasurer or DECMETRA HAYES Rolmatico themes Date 2 18 05 Designated Record keeper Type of Print Name Signature Date 2 18 05						
Candidate NPath RN VI NSON Type or Print Name	Signature Date Date No Day Year					
Authority granted under P.A. 388 of 1976						



1. Committee I.D. Nur	mber	1 3	1 2	86-	
2 Committee Name	Car	· £	-09-	VIK	350N

SUMMARY PAGE
CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Itemized Contributions (Schedule 1A - Column 6)	(3.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		·
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	1
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	-
15. SUBTOTAL Add lines 13 and 14	(15.) = \$.
16. Amount expended during reporting period	(16.) - \$	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	•

^{*}If your ending balance is negative, please recheck your math.